

**Service Hours Verification Form  
Holy Cross Academy**

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Debra Williams, Service Coordinator  
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**Please Note: A separate form must be completed for each site/project.  
-Signature required at the bottom.**

Student name (print): \_\_\_\_\_

Grade: \_\_\_\_\_

Name of site/project:

\_\_\_\_\_

Address of site/project:

\_\_\_\_\_

Date (s) that you worked at this site/project; please include year:

\_\_\_\_\_

What were the responsibilities or duties? Describe what you did for your service hours at this site.

\_\_\_\_\_

\_\_\_\_\_

Contact Person at the site/project: NOTE: Contact Person must be an adult who supervised the student's service but NOT the student's parent/guardian.

Name of Contact Person at site/project (Please print): \_\_\_\_\_

Contact Person's phone number (with area code): \_\_\_\_\_

Contact Person's email (if he/she has one): \_\_\_\_\_

**Parent/Guardian:** Please sign your name below to attest that your child completed service hours as stated on this sheet and that the information written on this form is true and correct.

Parent/Guardian signature:

\_\_\_\_\_

Date: \_\_\_\_\_

**Contact Person:** Please complete letters a) and b) below. Your signature attests that information written on this form is true and correct. A Holy Cross Academy faculty member may contact you to discuss this student's service hours.

- a) Total time (in hours & minutes) the student served at this particular site/project: \_\_\_\_\_
- b) Contact Person's signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Student:** Please sign your name below to attest that you did perform the service hours as described on this sheet and that information written on this sheet is true and correct.

Student signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Service Coordinator's Signature (Mrs. Williams)

\_\_\_\_\_  
Date: \_\_\_\_\_